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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/810,993
Filing Date	03/26/2004
First Named Inventor	JOHN S. FOX
Title	FLUORESCENT IMAGE CAL...
Art Unit	2834
Examiner Name	
Attorney Docket Number	LIG 0003P

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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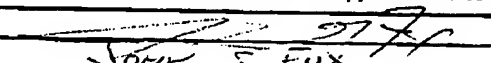
<input checked="" type="checkbox"/> Firm or Individual Name	JOHN S. FOX		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	16 JAN 2007
Name	JOHN S. FOX	Telephone	760 632 0677
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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